U.S. D. Internet of Labor Office of I abor-Management Stc. I ards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:			
11487	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name David J Tischer	Name LIUNA Local #320			
	Labor Organization File Number 001-765			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO: Box 16790			
Street 5413 Newberg Dr. N	Street 3312 SE 122nd Ave			
City Keizer	City Rortland			
State Oregon ZIP Code + 4 97303	State Oregon ZIP Code + 4 97292			
5. Position in labor organization. Bus. Manager-Secretary Treasu	ar e Tamonico (1970 %), consequente de la grandia de la gr			
(except as specified in the exclu	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
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6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.			
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing David Tischer	File Number <b>U</b> -
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the business a actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Oregon Laborers' H&W Trust Funds	(1999 Man) (1990 Man) (1990 Man) (1990 Man)
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 2929 NW 31st Ave	c. Employer
City Portland	COMM AT S
State Oregon ZIP Code + 4 97210	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provides Heath and Welfare Benefits for the members
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	12.a. Nature of interest held or income received.  6/13-6/16/04 Trustee & Administrators Conference Stateline Nevada
The Project of the Conference	6/13-6/16/04 Trustee & Administrators Conference
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The Project of the Conference	6/13-6/16/04 Trustee & Administrators Conference Stateline Nevada  Airfare, Hotel, Ground Transportation, Meals
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The Project of the Conference	6/13-6/16/04 Trustee & Administrators Conference Stateline Nevada Airfare, Hotel, Ground Transportation, Meals  12.b. Amount.  \$811
C. Received from any employer (other than an employer covered us or from any labor relations consultant to an employer any payment of mo	6/13-6/16/04 Trustee & Administrators Conference Stateline Nevada Airfare, Hotel, Ground Transportation, Meals  12.b. Amount.  \$811
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo	6/13-6/16/04 Trustee & Administrators Conference Stateline Nevada Airfare, Hotel, Ground Transportation, Meals  12.b. Amount. \$811
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Name of Person Filing David Tischer	File Number U-	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NW Laborers'-Employers Training Trust Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 201 Queen Ave North Suite 100	c. Employer	
City Seattle		
State Washington ZIP Code + 4 98109-4896		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Colores Sacretala con New March de con 1809 (""March de con 1804" march de 1804 March de 1804 ("March de 1804"
Name	Provides Training for Journeymen as members	nd Apprentice
Trade Name, if any:		, , , , , , , , , , , , , , , , , , ,
P.O. Box, Bldg., Room No., if any		acceptant to the second to the
Street		nanonament (criteria)
City Course, compared the back of the property		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	ard Milling commande Maj, Milling commande All Milling commande Maj Milling control (MAS). Milling commande an The property of the Milling and the Milling and the Milling commande and the Milling
!	12,a. Nature of interest held or income received.	edentalisment of the september of the september of the second section of the section of the second section of the section of the second section of the se
	7/26-7/27 Board Meeting Lake Chelar Hotel, mileage reimbursement, Golf	n, Washington Tournament
		A Comment
		**
	12.b. Amount.	\$547

Name of Person Filing David Tischer	File Number U-
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City Seattle		
State Washington ZIP Code + 4 98109-4896		
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Name	Provides Training for Journeymen a	nd Apprentice
Trade Name, if any:		A COURT OF THE COU
P.O. Box, Bldg., Room No., if any		**
Street		· ·
City		The state of the s
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	The Control of the Co
	12.a. Nature of interest held or income received.	Salaha kannah Maria dan kannah dan dan dan kannah k
	10/26/04 Board Meeting Mileage reimbursement	***************************************
	12.b. Amount.	\$170
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